**PATIENT**

Chainsaw Tuftee

PRESENTING CLINICAL SIGNS

History: vomiting x 3-4 days, anorexia

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Azotemia, Phosphatemia Mild elevation of ALT and GGT. USpGr 1.023 Possible calcification in kidneys. Has been hospitalized on IV fluids, cerenia, mirataz, starting last night in ER.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SEX

Neutered Male

The left kidney was moderately enlarged in size, with maintained symmetrical capsule contour. Uniform cortical hypertrophy was present with mild loss of corticomedullary border demarcation. Moderate hydronephrosis was noted, exhibited by fluid dilation of the pelvis, extending into the lateral diverticula. No overt evidence of left hydroureter or obvious left ureter obstructive criteria. Focal areas of subjective mild mineralization were present in the left kidney medulla within the area of the pelvis and mildly within the lateral diverticula. Subtle evidence of left retroperitoneal free fluid and mild increased retroperitoneal echogenicity were noted. The left kidney measured 5.9 cm in length.

AGE

2 Years

WEIGHT

16 Pounds

The right kidney was not visualized.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.4 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm.

INTERPRETED BYR. McKenzie Daniel, DVM,
DABVP (Canine and Feline)**IMAGING PERFORMED BY**

Sarah Pender, CVT

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

HOSPITAL NAME

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Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid or foreign material.

DATE

1/5/23

**PATIENT**

Chainsaw Tuftee

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental jejunal ileus was noted. No evidence of mechanical obstructive pattern.

Normal visible colon wall layers were present with apparent formed feces in lumen.

SPECIES***Pancreas***

Feline

The pancreas base and left pancreatic limb extending caudally to the gastric body, exhibited mild prominent size with subtle capsule asymmetry and hypoechoic parenchyma compared to adjacent mildly hyperechoic perigastric and peripancreatic omentum.

BREED

DSH

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS**AGE**

2 Years

- Left renomegaly, exhibiting cortex hypertrophy, mild medullary renolithiasis and moderate hydronephrosis
- Mild associated left retroperitoneal free fluid
- Absent right kidney- suspect right renal agenesis
- Mild gastroenteritis pattern
- Suspect concurrent low-grade pancreatitis

WEIGHT

16 Pounds

INTERPRETED BY

R. McKenzie Daniel, DVM,
DABVP (Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the left kidney may include compensatory hypertrophy given the suspected right renal agenesis with potential for concurrent nephritis, such as interstitial nephritis, pyelonephritis or other, in light of potential mild left retroperitoneal inflammation. Overt evidence of obstructive left kidney or left ureter was not obvious, although given the evidence of mild left kidney renolithiasis, possible passage of previous calculi resulting in pelvic and ureteral inflammation could be possible. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Suspect mild uremic associated gastroenteritis, although potential for low grade pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation, correlation with a spec fPL is recommended. Prognosis is likely dependent upon renal response to diuresis protocol, yet guarded prognosis given the sonographic presentation of the left kidney. Assessment and monitoring of systemic blood pressure is suggested. If azotemia can be stabilized, CRD therapy with continued monitoring would be reasonable.

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SPECIES

Feline

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AGE

2 Years

WEIGHT

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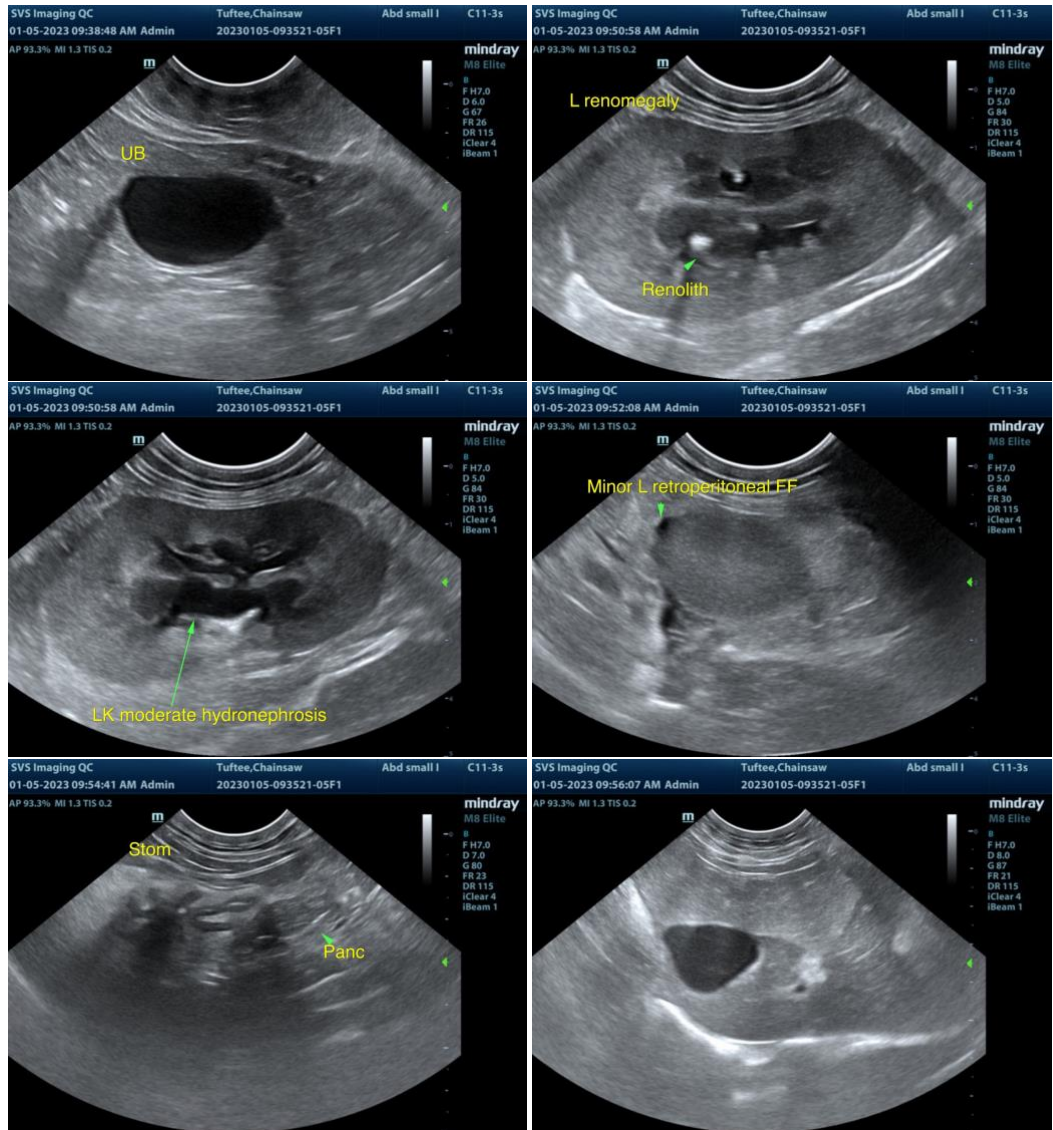
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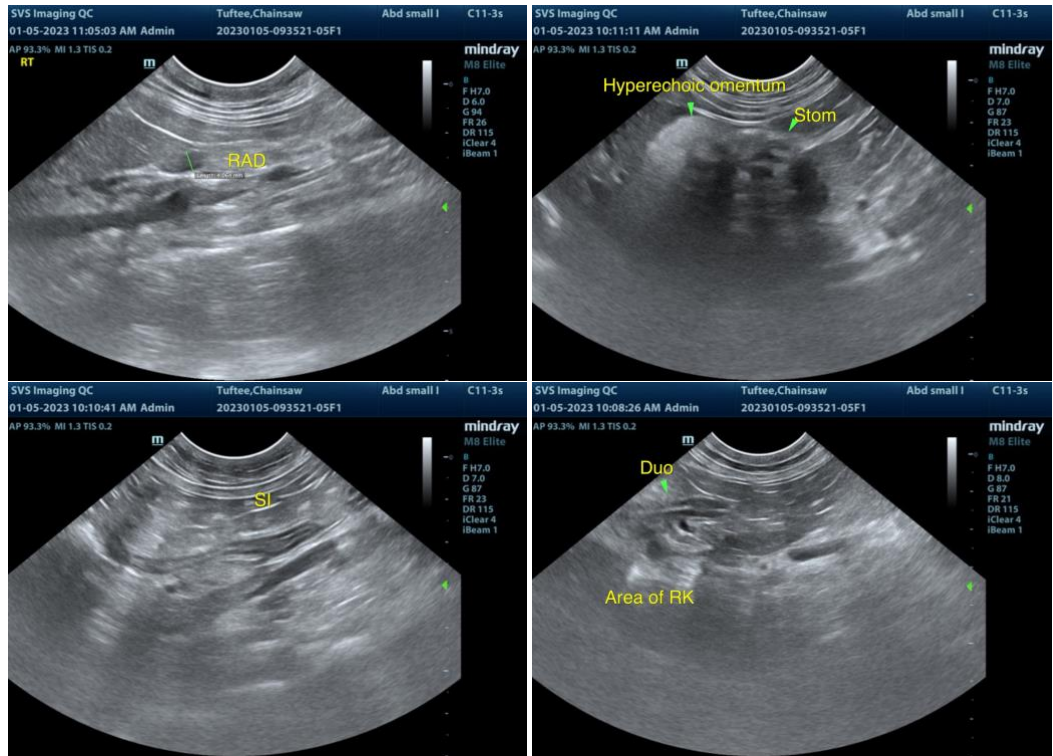
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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